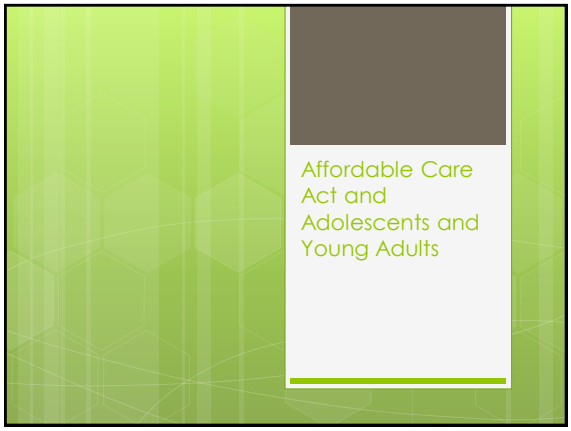


Overview of Summit

- Welcome and Introductions
- Affordable Care Act 101
- Affordable Care Act and Impact on Adolescents and Young Adults
- Federal Update on Affordable Care Act
- States Perspectives and Activities Panel
- Putting Together the Pieces

Healthcare Reform and AYA Summit

Participants will:

- Understand key provisions of ACA AND how they will impact adolescents and young adults
- Understand outlook for ACA implementation in 2013-2014
- Understand how other Adolescent Health Coordinators are addressing key issues in their states
- Identify potential roles Adolescent Health Coordinators can play during implementation in the states
- Identify next steps to take in finding out more about implementation in own state

Presenters

- Rachel Samsel, MSSW
  - Director, Office of Healthcare Delivery Redesign
    Texas Department of State Health Services
- Jane Park, MPH
  - National Adolescent and Young Adult Health Information Center
    Division of Adolescent and Young Adult Medicine
    Department of Pediatrics
    University of California, San Francisco
- Trina Anglin, MD, PhD
  - Director of Adolescent Health
    Maternal and Child Health Bureau
    Health Resources and Services Administration

Who has joined us today?

- Adolescent Health Coordinators
- MCH Directors/Staff
- State health department or other state agency officials
- Family Delegates, Parents
- Youth
- Academia/Researchers
- Others?

Warm-up

- **On a scale of 1 to 10, text how familiar you are with the Affordable Care Act of 2010?**

- 1 not familiar at all
- 10 – I have read and totally understand **ALL** 974 pages

Warm-Up

- **Beyond PREP, Abstinence, Home Visiting, and Pregnant and Parenting Teens, what other terms related to Affordable Care Act are you familiar with?**
- Text one term at a time

Warm-Up

- **Besides PREP, Abstinence, Home Visiting, and Pregnant and Parenting Teens, what other ACA related terms have you heard?**
- Text one term at a time

Warm- Up

Warm-Up

- **Related to the Affordable Care Act, what would you like to learn more about?**
- **Text your response**

Important Provisions & Key Terms

Affordable Care Act of 2010

Primary goals of ACA

- Redefine healthcare delivery
- Redefine healthcare financing
- In other words… changing the way we do business around healthcare delivery

Expansion of Public Programs

- States have an option to expand Medicaid
  - Expand coverage for up to 133% FPL
  - Newly eligible populations
    - Non-Medicare eligible individuals under age 65 up to 133% FPL
    - Newly eligible populations guaranteed benchmark benefit package
- CHIP

Health Insurance Exchange

- **Health Exchange**: New organizations set up to create a more organized and competitive market for buying health insurance.
  - Offer a choice of different health plans, certifying plans that participate and providing information to help consumers better understand their options
- **Benefit Tiers** – Precious Metal Scale (Bronze, Silver, Gold, Platinum and Catastrophic)
- **Basic Health Plans** – state option for uninsured individuals with incomes from 133% to 200% FPL
- Related site: www.healthcare.gov (healthcare marketplace website)

Community Navigators

- **Community Navigators** will do impartial public education on subsidies, plan selection, access hard-to-reach populations.
- The Federal government will:
  - Fund, train, and certify Community Navigators
  - Establish and enforce conflict of interest standards, as well as cultural and language competency standards*

*Opportunity for AHC

Essential Health Benefits

- Law ensures that health plans, offer a core package of items and services
  - Must be offered in the individual and small group markets
  - Both inside and outside of Affordable Insurance Exchanges (Exchanges)
- The ACA is making sure that in 2014, **ALL** health insurance policies will cover 10 Essential Health Benefits.

10 Essential Health Benefits

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

No Co-pay Services for Women

- **Well Woman Visits:** Annual visits covered means women can receive preventive care when it matters most*
- **Lactation Counseling**: Pregnant and post-partum women have access to comprehensive lactation support and counseling from trained providers as well as breastfeeding equipment to give moms and little ones the best start*
- **DNA Testing for Cervical Cancer:** Women who are 30 or older will have access to HPV testing every 3 years, even if previous pap tests were normal
- **Contraceptive Counseling:** Women will have access to all FDA approved contraceptive methods and patient education/counseling*
- **STI and HIV Screenings & Counseling:** Women will have access to annual testing and counseling on HIV and Sexually Transmitted Infections (STI)*
- **Gestational Diabetes Screenings**: Screenings will be preformed at 24 - 28 weeks pregnant and for those at high risk*
- **Domestic Violence Screening:** Screening and counseling for domestic and partner violence will be provided for all women*

*Opportunity for AHC

Pre-existing Conditions

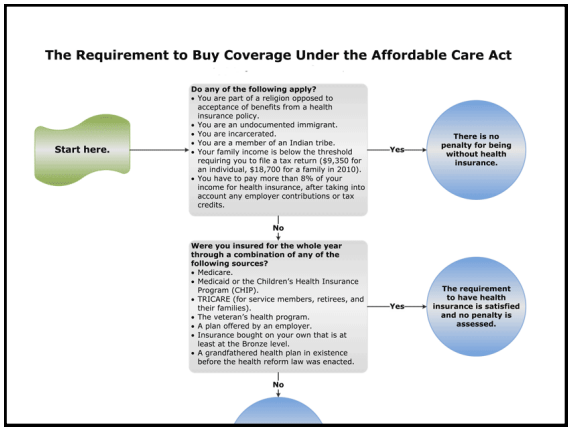
- No Pre-existing Conditions
  - As of 2010: children (ages 0-18) can not be denied coverage based on pre-existing conditions.
  - Starting in 2014: **No one** can be denied insurance due to pre-existing conditions.
  - Starting in 2014: **No one** can be charged more because of health history or condition.
  - Only 3 things lead to higher premiums: age, tobacco use, and geography
  - **Related terms: high-risk pool:** State programs designed to provide health insurance to residents who are considered medically uninsurable and are unable to buy coverage in the individual market.

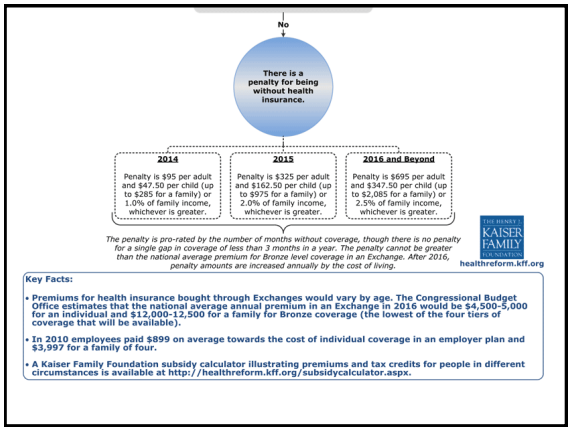
Pre-existing Condition Exclusions

- Illness or medical condition diagnosed or treated within a specified period of time prior to becoming insured. Health care providers can exclude benefits for a defined period of time for the treatment of medical conditions that they determine to have existed within a specific period prior to the beginning of coverage.

Individual Mandate

- Effective January 2014
- Individuals (US citizens and legal residents) are required to obtain qualifying coverage that meets federal standards
- Individual or group plan
- Financial penalties for not having insurance coverage
  - Assessed through tax returns





Employer Requirements

- Large employers (more than 50 employees)
  - Must either offer insurance that meets certain cost requirements, or pay penalties
  - Employers with 200 or more workers who offer coverage must automatically enroll new employees and continue enrollment of current employees;
  - Employees may choose to opt-out
- Small employers (50 or fewer full-time employees)
  - Not required to offer insurance
  - Not required to offer coverage to part-time workers
  - Some small employers that provide insurance may be eligible to receive tax credits

Accountable Care Organizations

- A group of health care providers who
  - give coordinated care,
  - chronic disease management, and
  - thereby improve the quality of care patients get.
- ACO receive payments for all care provided to a patient
- Held accountable for quality and cost of care
- Tied to achieving health care quality goals and outcomes that result in cost savings.

Patient Centered Medical Home Model

- One of the most promising approaches to care, especially for people with chronic health conditions
  - higher-quality
  - cost-effective primary care
- Prompt access to primary care
- Ongoing relationship with a primary care provider or team
- Adoption of health information technology (IT)
- Improved coordination of care

Healthcare Financing Terms

- **Actuarial Value**: measure of the average value of benefits in a health insurance plan. It is calculated as the percentage of benefit costs a health insurance plan expects to pay for a standard population, using standard assumptions and taking into account cost-sharing provisions. Placing an average value on health plan benefits allows different health plans to be compared.
- **Capitation:** A method of paying for health care services under which providers receive a set payment for each person or "covered life" instead of receiving payment based on the number of services provided or the costs of the services rendered. These payments can be adjusted based on the demographic characteristics, such as age and gender, or the expected costs of the members.
- **Cost Containment**: A set of strategies aimed at controlling the level or rate of growth of health care costs that focus on reducing overutilization of health services, addressing provider reimbursement issues, eliminating waste, and increasing efficiency in the health care system
- **Cost-Sharing:** A feature of health plans where beneficiaries are required to pay a portion of the costs of their care. Examples of costs include co-payments, coinsurance and annual deductibles.

Healthcare Financing Terms

- **FMAP (Federal Medical Assistance Percentage):** The statutory term for the federal Medicaid matching rate—i.e., the share of the costs of Medicaid services or administration that the federal government bears.
- **Pay for performance**: A health care payment system in which providers receive incentives for meeting or exceeding quality, and sometimes cost, benchmarks. Some systems also penalize providers who do not meet established benchmarks. The goal of pay for performance programs is to improve the quality of care over time.
- **Payment bundling:** A mechanism of provider payment where providers or hospitals receive a single payment for all of the care provided for an episode of illness, rather than per service. Total care provided for an episode of illness may include both acute and post-acute care.
- **Tax Credits**: amount that a person/family can subtract from the amount of income tax that they owe.

Questions?

Next: ACA Implementation: What does it mean for adolescents and young adults?

M. Jane Park, MPH